## **APPENDIX II**

## **TANF CAPACITY BUILDING SOLICITATION**

## **PROGRAM INFORMATION**

Organization:	Program Name:				
PROGRAM INFORMATION					
This program is a:  New Program	Evicting Program				
	New Program Existing Program				
2. Do you currently have a TANF contract with the Depart	ment of Workforce S	ervices (DWS) for the serv	ices you are applying for?		
Yes No					
a. If yes, Contract Name					
b. Contract number					
c. Is your proposal to provide new services at an	existing location?	Yes No			
d. Is your proposal to provide the same services a	at a new location?	Yes No			
3. Check the service that the program proposes to offer: Financial Capability/Asset Building Vouth Development					
4. Is the content of your curriculum evidence-based? Yes No					
a. If yes, name	_				
b. Citation					
5. Select the TANF purpose(s) that your program will fulfil		_	pose 4		
6. Does research demonstrate the services provided supp	ort TANF Purpose(s)?	Yes No			
a. If yes, reference citation					
Activity	Year 1	Year 2	Year 3		
Number of participants to be served during the grant period					
Proposed Yearly Budget					
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	CEOCDADI	UC LOCATION			
GEOGRAPHIC LOCATION  (Please select all geographic areas your program proposes to serve)					
☐ Beaver County	☐ Emery County	☐ Morgan County	☐ Summit County		
☐ Box Elder County	☐ Garfield County	☐ Piute County	☐ Tooele County		
☐ Cache County	☐ Grand County	☐ Rich County	☐ Uintah County		
☐ Carbon County	☐ Iron County	☐ San Juan County	☐ Utah County		
☐ Davis County	☐ Juab County	☐ Salt Lake County	☐ Wasatch County		
☐ Daggett County	☐ Kane County	☐ Sanpete County	☐ Washington County		
☐ Duchesne County	☐ Millard County	☐ Sevier County	☐ Wayne County		
			☐ Weber County		